



Marketing and Public Relations Release Form

The Office of Marketing and Public Relations at Central Ohio Technical College and The Ohio State University at Newark is asking for your permission to release information about you to the public.

By signing below, I give permission for the use of the following in published materials (print and web) and advertising in any form:

- Name
- Hometown
- Major at COTC/Ohio State Newark
- Dates attended
- High school attended/graduated and dates
- College degree earned and/or honors received (if applicable)
- Photograph, video, audiotape, and/or statements pertaining to the campus

Please note any exceptions: _____

I understand signing below releases all publishing rights and that I will not receive compensation for this release nor make any other claim against Central Ohio Technical College and The Ohio State University at Newark.

Printed Full Name _____

Major _____ Year of Study: freshman, sophomore, etc. _____

Twitter username _____ Instagram username _____

Hometown or newspaper you'd like announcements sent to.* _____ High school attended / from which you graduated _____

Employer (if applicable) _____ Title (if applicable) _____

Signature _____ Date _____ E-mail address _____ Daytime Phone number _____

Parent signature (if under age 18) _____

*Hometown or newspaper: requested for consideration only; if you have a preferred newspaper, we will attempt to send announcements there but we cannot guarantee publication.

Student's contact information:

Address _____ City _____ State _____ Zip _____

<p><u>MUST BE COMPLETED</u> Event/reason authorization is being requested: _____</p> <p>Department requesting authorization: _____</p>
